

LT J. Ciccone

CACO

Personal Casualty Report

From: MDS Operator [mdso@eodgru1.nosc.mil]
Sent: Friday, December 25, 1998 8:19 AM
To: 'N00@EODGRU1.NOSC.MIL'; 'N00A@EODGRU1.NOSC.MIL';
'N00C@EODGRU1.NOSC.MIL'; 'N01@EODGRU1.NOSC.MIL'; 'N1@EODGRU1.NOSC.MIL';
'N11@EODGRU1.NOSC.MIL'; 'N11A@EODGRU1.NOSC.MIL';
'N11B@EODGRU1.NOSC.MIL'; 'N2@EODGRU1.NOSC.MIL'; 'N21@EODGRU1.NOSC.MIL';
'N21A@EODGRU1.NOSC.MIL'; 'N3@EODGRU1.NOSC.MIL';
'N31A@EODGRU1.NOSC.MIL'; 'N31B@EODGRU1.NOSC.MIL'; 'N32
@EODGRU1.NOSC.MIL'; 'N32A@EODGRU1.NOSC.MIL'; 'N4@EODGRU1.NOSC.MIL';
'N41A@EODGRU1.NOSC.MIL'; 'N41B@EODGRU1.NOSC.MIL';
'N41C@EODGRU1.NOSC.MIL'; 'N43@EODGRU1.NOSC.MIL';
'N43A@EODGRU1.NOSC.MIL'; 'N43B@EODGRU1.NOSC.MIL';
'N46A@EODGRU1.NOSC.MIL'; 'N51@EODGRU1.NOSC.MIL'; 'N61
@EODGRU1.NOSC.MIL'; 'N61A@EODGRU1.NOSC.MIL'; 'N71A@EODGRU1.NOSC.MIL';
'N71B@EODGRU1.NOSC.MIL'; 'N8@EODGRU1.NOSC.MIL';
'N81A@EODGRU1.NOSC.MIL'; 'N81B@EODGRU1.NOSC.MIL'
Subject: PERSONNEL CASUALTY REPORT//

Importance: High



AuditTr.TXT

ADMINISTRATIVE MESSAGE

PRIORITY

Punch
ROUTINE

P R 241617Z DEC 98 ZYB PSN 339734Q29

FM EODMU THREE EOD TEU ONE SAN DIEGO CA

1 BUPERS MILLINGTON TN//621//
BUMED WASHINGTON DC//332//
COMNAVBASE SAN DIEGO CA//N13// Noq SW - verify PLAD
COMNAVRESFOR NEW ORLEANS LA//N01A1D//
NAVJAGCORSCEN AUSTIN TX//J55// + need closest Naval activity

INFO DFAS CENTER CLEVELAND OH//CACO//
COMNAVSURFPAC SAN DIEGO CA//5JJ//
AMCROSS WASHINGTON DC NO1
COM EODGRU ONE

CinCPacFLT Pearl Harbor HI//N6611

UNCLAS //N05360//

MSGID/GENADMIN/EODMU THREE// EOD TEU ONE

SUBJ/PERSONNEL CASUALTY REPORT, Report Control Symbol BUPERS 1770-411

REF/A/DOC/MILPERSMAN/-//

AMPN/ARTICLE 4219188, PERSONNEL CASUALTY REPORTS// 0/20

RMKS/1. FOL PROVIDED IN REF A FORMAT. FOR OFFICIAL USE ONLY.

ALFA: ET1 JOHN ROSS BYRD, 432-27-0632, USN. Rank, full name, service, BSN, duty.
BRAVO: ACTIVE DUTY, EODMU THREE, SAN DIEGO, CA. POC: BMC JONES DSN: Status duty station, phone #
577-2906, COMM (619) 437-2906, UIC: 55447. UIC.

CHARLIE: NON-HOSTILE DEATH. Type of casualty

DELTA: 23 DECEMBER 1998, 1615 LOCAL. ET1 WAS INVOLVED IN A FATAL Automobile accident while traveling south on US 281 near
EPHENVILLE, TX. INITIAL REPORTS BY ON SCENE LAW ENFORCEMENT Date local time place, circumstances.

INDICATE SNM LOST CONTROL OF HIS VEHICLE DUE TO INCLEMENT WEATHER
AND ICY CONDITIONS AND CROSSED THE CENTER LANE DIVIDER INTO ONCOMING
TRAFFIC. NO ADDITIONAL INJURIES REPORTED. SNM WAS WEARING HIS SEAT

BELT AND THERE IS NO INDICATION OF ALCOHOL CONSUMPTION.

ECHO: LACY FUNERAL HOME, 1380 HARBIN DRIVE, STEPHENVILLE, TX 76401.

PHONE - (254) 968-2102.

FOXTROT: PNOK CHARLOTTE A. (HARPER) BYRD, 10600 THICKETT TRAIL,
MUSTIN, TX 78750. MOTHER.

PNOK JOHN L. BYRD, 1810 NORTH JOHNSON RD, IOWA PARK, TX 76367. FATHER.

WOLF: PNOK: MOTHER, NOTIFIED. SNOK: FATHER, NOTIFIED.//

BT

NNNN

RTD:000-000/COPIES:

*a. officially notified in person -
b. " " telegram -*

*Location + disposition of
remains
give location to be transferred
if known.
Primary NOK SNOK
give name, address, relationship*

NAUREG SW -
EODTEU ONE CACO -

CASUALTY PROCEDURES

Ref: (a) NAVMILPERSCOMINST 1770.1 3

This handout provides general guidelines on how to proceed with your duties as CACO. Assistance varies with each case; all of the areas covered may not be pertinent to your case. Specific instructions are outlined in reference (a). NAS Liaison, ext. 7-8787 and NAVHOSP Decedent Affairs, ext. 74308, can provide additional expertise. Keep the NAS Casualty Coordinator, ADL ext. 7-8787 apprised of your case. The Casualty Yeoman can be contacted through the OOD's Office (Duty Yeoman Watchbill).

WHEN YOU ARE INFORMED OF A CASUALTY

Your first indication that there has been a casualty will undoubtedly come by telephone, and during this initial telephone call it is imperative that you collect as much information as possible concerning the case. Enclosure (1) is intended to serve as a guide in obtaining the information you will need in order to properly inform NOK and to get you started in your considerable administrative tasks immediately after notification.

You are likely to get the impression that speed is vital to the success of this mission. You will be asked to notify NOK as soon as possible (between 0600-2400) and inform the CDO as soon as notification has been made. If a service member was hospitalized and listed as seriously/very seriously ill or died immediately preceding the death or if any of the member's NOK are already aware of the casualty, notification will be made in person regardless of the hour. Do not allow yourself to be rushed unreasonably. Use the enclosures to this pamphlet and get the facts straight before you notify NOK.

NOTIFICATION OF NOK

Refer to reference (a) Chapter V-VII.

Have a map of the local area handy and have a good flashlight ready in case you have to locate an address in the dark. The address for NOK that you received over the telephone was probably taken from the service member's emergency data, and it may not be current. Take a few seconds to check the address in the telephone book. Some verification of the address may save you considerable time and embarrassment.

You may request the Duty Chaplain to accompany you. During the day, the chaplain may be reached at 72414. After hours, NAS OOD (257-2631) can put you in touch with him.

When you arrive at the home of NOK, you may encounter a problem getting yourself inside. People are not accustomed to inviting strangers into their homes, and the uniform you are wearing may make the family even more apprehensive. If you are making notification during hours of darkness, you may encounter an appreciable problem getting through the door. Be overly polite and certain to mention that you have come on behalf of the Secretary of the Navy. Be patient with the family's hesitance to talk with you. You may have to invite yourself inside ("May I come in?", etc). In any case, do get inside.

PHONE NUMBERS TO GET AS SOON AS POSSIBLE

PERSON CONTACTING YOU

PRIMARY NOK
RESIDENCE ADDRESS ALSO

SECONDARY NOK
RESIDENCE ADDRESS ALSO

MINISTER
HOME
CHURCH

OFFICE OF MEDICAL AFFAIRS HAVING JURISDICTION

OTHER CACO'S INVOLVED
(SECONDARY NOK, ETC)

GENERAL DIRECTOR/DOCTOR

CEMETERY/HOSPITAL

COMMANDING OFFICER OF CASUALTY

PRISONER/MORTUARY

COURT
OFFICE
HOME

&f

DE IN

INFORMATION NOK MAY NEED

COPIES OF THE FOLLOWING:

CERTIFIED MARRIAGE CERTIFICATE
CERTIFIED BIRTH CERTIFICATE OF CHILDREN
WILL
INSURANCE POLICIES
DECEDENT'S PAGE 2, RECORD OF EMERGENCY DATA
PAGE 5, HISTORY OF ASSIGNMENT
DEATH CERTIFICATE
DIVORCE DECREE
ADOPTION PAPERS

BIRTH INFORMATION:

DATE

PLACE

SSN

WIDOW

CHILDREN

SERVICE MEMBER

savings and the basis (value/application) of intangible benefits, as well as whether or not a local award was made, in evaluation comments and endorsements.

f. Maintain a suggestion tracking system and initiate tracer action every 60 days for suggestions referred to higher authority. Provide status updates to the suggester.

g. Submit nominations for Productivity Excellence Awards in the format described in enclosure (6) to OPNAVINST 1650.8C. Note that CINCPACFLTINST 1650.8 requires submission of nominations for the SP-1E Productivity Excellence Award no later than 1 September and for the Letter of Commendation no later than the first day of the last month of each quarter.

h. Allow sufficient lead time for compiling and transmitting data required for the Fiscal Year MILCAP Program Annual Report. COMNAVSURFPAC does not, repeat not, require submission of negative reports.

i. Your MILCAP program is a COMNAVSURFPAC Special Interest Item on Command Inspections. CNO's yearly goal is 10% participation by each and every command, yet in 1988, NAVSURFPAC had an overall participation rate of only .01%.

3. COMNAVSURFPAC Code 112 is the MILCAP Program Administrator for NAVSURFPAC. Questions may be directed to LTJG M. J. Hitchcock at commercial (619) 437-2153 or Autovon 577-2153.

PERSONNEL CASUALTY REPORTING

1. There is nothing more undesirable to a commander, commanding officer, or officer-in-charge than a death or serious injury among the crew, and there is nothing more important than the prompt and efficient handling of casualty reporting and casualty assistance affairs once a casualty has occurred. Meticulous attention to detail in the handling of personnel casualty matters is an essential element of professionalism and quality of life initiatives. The following guidelines were prepared by the Casualty Assistance Calls Coordinator for COMNAVBASE, San Diego, to provide commanders, commanding officers, and officers-in-charge with a step-by-step guide for successful resolution of a seriously ill or death case.

a. Each command should have the following references available in a CACO binder or briefcase:

- (1) COMNAVMILPERSCOMINST 1770.1³ - CACO Manual
- (2) MILPERSMAN articles 4210100 - 4210300
- (3) NAVMEDCOMINST 5360.1 - Decedent Affairs Manual
- (4) NAVPERS 15555B - Navy Military Funerals Manual

(5) Appropriate Regional CACP instructions, i.e.,

(a) COMNAVBASESANDIEGOINST 1770.5A - Regional CACP requirements

(b) COMNAVBASESANDIEGOINST 5360.1L - Regional Military Funeral Honors Program

b. Each command should also have NAVSUPPUB 490 available to provide guidance in conducting personal effects inventories of the property of deceased personnel.

c. The following steps should be taken when a command learns of a death or missing person incident:

(1) Verify or obtain information (who, what, where, when & how).

(2) Obtain member's service record and determine location of next of kin (NOK): spouse, father, mother, minor children not living with member or current spouse, and other individuals designated to receive a benefit.

(3) Assign a CACO to any next of kin in the immediate vicinity (approx 50 miles). Regional CACP coordinators will assign CACO's to NOK out of the immediate vicinity of the parent command. PERSONAL NOTIFICATION OF ALL NOK LISTED ABOVE IS REQUIRED, EVEN THOUGH THEY MAY ALREADY KNOW OF THE DEATH.

(4) Notify (by telephone when possible) regional CACP coordinator(s) for area where death occurred and area(s) in which each NOK lives.

(5) Prepare Personnel Casualty Report message.

(6) Appoint an officer to conduct a JAG Manual investigation (if death by other than natural causes).

(7) Appoint an Inventory Board to secure/inventory personal effects.

d. After the NOK have been notified, the following needs to be accomplished:

(1) Send confirmation of casualty telegram to NOK.

(2) Send naval message identifying command CACO, if NOK is in immediate area.

(3) Send Commanding Officer's personal letter of condolence/circumstances to NOK.

(4) Identify an escort for the remains, if the burial is out of the area. Overseas deployed commands

should check with their cognizant Decedent Affairs Office for exceptions.

(5) Liaise with CACO's assigned to out of area NOK.

e. Next of kin of each member who dies on active duty are entitled to the following benefits: (Member can designate a beneficiary for most benefits. Eligibility requirements vary; check CACO Manual or contact regional coordinator for specifics.)

(1) Death gratuity \$3000

(2) Reimbursement for funeral expenses to primary next of kin (not to exceed current limits)

(3) Round trip travel of eligible family members to out of area funerals

(4) Dependents in government quarters can stay rent free for 90 days following death.

(5) Dependents not in government quarters receive member's BAQ/VHA for 90 days.

(6) Servicemen's Group Life Insurance (SGLI) \$50,000

(7) Navy unpaid pay and allowances

(8) Veteran's Administration benefits

(9) Social Security Administration benefits

A benefits claim form package is mailed by COMNAVMILPERSCOM to each assigned CACO within 10 days after death.

f. Each command should have at least two trained CACO's designated. Contact your Regional CACP Coordinator for information on training.

g. Procedures For Personnel Who Are Seriously/Very Seriously Ill or Injured

(1) A Personnel Casualty Report is required for all personnel who are at least seriously ill or injured.

(2) Notification of next of kin is done by telephone or telegram. If the member is in a civilian hospital the parent command makes the notification. If the member is in a military hospital, the hospital makes the notification.

(3) Electrical Shock.

(4) Exposure to hazardous atmosphere or material which requires medical examination or attention.

(5) Explosive mishap.

(6) Motor vehicle mishap.

(7) Material (property) damage in excess of \$2000.

(8) Diving mishaps (Use U.S. Navy Diving Manual, Appendix B, Volume 1 and 2) and (CINCPACFLTINST 5102.11A Diver Near Accident Critique).

(9) Parachuting accidents.

(10) Special cases (mishap involving visitors or dependents).

c. The Command's Safety Officer or cognizant Department Head will investigate each mishap and submit the original copy of each mishap report via the chain of command to the Safety Officer within five working days. Attachments will include all witness statements, police reports and other documents as applicable. Per reference (g), mishap reports will be forwarded to the Naval Safety Center, Norfolk, VA, within ~~30~~ calendar days. Copies of mishap reports will be sent to COMNAVSURFPAC Code 93 and CINCPACFLT Code 72. *5 Work day - 30 days - 1*

d. All explosive mishaps will be investigated by the Explosive Safety Officer in accordance with reference (g). An Explosive Safety Review Board will be appointed by the Commanding Officer for the purpose of reviewing an explosive mishap. The Executive Officer will serve as Chairman of the Explosive Safety Review Board.

e. The Commanding Officer will review all lost-time mishaps and near-miss incidents with the cognizant department head to determine compliance with established OSH procedures and to identify underlying causes and propose corrective actions. The purpose of a mishap investigation is not to lay blame but to prevent future mishaps. Additionally, a fact finding board will be chaired by the Commanding Officer and convened by the Safety Officer within two working days upon receipt of the mishap report. The express purpose of the board is to improve hazard abatement, accident prevention and generate recommendations/lessons learned. The board will consist of the personnel listed below:

APPENDIX C
SAMPLE MESSAGE/LETTER/NAVGRAM
MOTOR VEHICLE MISHAP REPORT (REPORT SYMBOL OPNAV 5102-4 (MV))

1. General

The following format and content is to be used for reporting personnel injuries/deaths and material (property) damage resulting from motor vehicle mishaps. Submit as much information as is available. Submit supplementary reports as necessary to supply the missing information when available. Where requested data does not apply or is not relevant to analysis of the mishap insert the words "not applicable."

2. Content and Format

FROM: ACTIVITY SUBMITTING REPORT

TO: NAVSAFECEN NORFOLK VA//04/00/02/054//

(R)

INFO: AS DESIRED

UNCLAS FOUO //NO5102//

SUBJ: MOTOR VEHICLE MISHAP REPORT (REPORT SYMBOL OPNAV 5102-4 (MV))

MSGID/GENADMIN/MSG ORIG/SER NO./MONTH//

(A)

NARR/THIS IS A (LIMITED/GENERAL) USE SAFETY MISHAP REPORT TO BE USED ONLY FOR SAFETY PURPOSES PER OPNAVINST 5102.1C.//

(R)

RMKS/1. NAME, PHONE NUMBER OF PREPARER

(R)

2. UIC OF REPORTING ACTIVITY

3. LOCAL DATE, TIME, AND DAY OF WEEK MISHAP OCCURRED

4. GEOGRAPHIC LOCATION (Include city and state and whether on- or off-base. If on-base, give name and UIC of installation on which mishap occurred.)

5. ENVIRONMENTAL CONDITIONS (Weather, road condition etc.)

6. IDENTIFY ALL VEHICLES (Year, make, model, and whether government owned or privately owned. For motorcycles, mopeds, and all terrain vehicles indicate model and CC displacement.)

7. IDENTIFY ALL OPERATORS (By name, sex, age, marital status, duty status, social security number (except Non-DOD personnel), officer designator, rank, rate, and civil service grade. Also, indicate if operator is Non-DOD. Indicate the vehicle involvement (GMV/PMV) for each operator.)
8. NAME AND UIC OF DUTY STATION OF DOD OPERATORS IF NOT SAME AS REPORTING ACTIVITY
9. FOR DOD OPERATORS ONLY, INDICATE DATE AND TYPE OF OPERATOR TRAINING COMPLETED (AAA Driver Improvement Program, Motorcycle Safety Program, etc.)
10. DRUG/ALCOHOL/FATIGUE INVOLVEMENT (Indicate drug or alcohol blood content for each operator.)
11. FOR THE OPERATOR INDICATE FATALITY, DAYS HOSPITALIZED, TOTAL LOST WORKDAYS (ACTUAL OR ESTIMATE), OR NO INJURY (Indicate permanent partial disability or permanent total disability, if applicable. Include cause of death, i.e., head injury, crushed chest, internal injury, etc. For lost time injuries, identify the cause, i.e., head injury, crushed chest, internal injury, fractured arm/leg, etc.)
12. INDICATE SAFETY DEVICES USED BY THE OPERATOR (Safety belt, helmet, boots, long-sleeved jacket, etc.) (For GMV operators - if a personal injury results from the non-use of a Navy motor vehicle safety belt, explain why safety belts were not used by the injured person, or in cases of malfunction, what OPNAVINST 5102.1C caused the malfunction, and what remedial actions have been taken to prevent recurrence.)
13. IDENTIFY ALL PASSENGERS, PEDESTRIANS, OR BICYCLISTS WHEN STRUCK BY A MOTOR VEHICLE, WHO ARE KILLED OR INJURED (By name, sex, age, marital status, duty status, social security number (except Non-DOD personnel), officer designator, rank, rate, and civil service grade. Also, indicate if passenger, pedestrian, or bicyclist is Non-DOD. Indicate the vehicle involvement (GMV/PMV) for each person killed/injured. For passengers, identify actual position in/on vehicle, i.e., right front passenger, center rear passenger, seated behind operator (motorcycles), etc. For pedestrians and bicyclists, identify location where struck, i.e., in roadway on shoulder, on sidewalk, etc.)
14. NAME AND UIC OF DUTY STATION OF DOD PASSENGERS, PEDESTRIANS, AND BICYCLISTS KILLED OR INJURED IF NOT SAME AS REPORTING ACTIVITY

15. DRUG/ALCOHOL/FATIGUE INVOLVEMENT (Indicate drug or alcohol blood content for each passenger, pedestrian, and bicyclist killed or injured.)

16. A. GMV MISHAP: For each passenger, pedestrian, or bicyclist involved in a GMV mishap, indicate fatality, days hospitalized, and total lost workdays (actual or estimate). Indicate permanent partial disability or permanent total disability, if applicable. Indicate the vehicle involvement (GMV/PMV) for each person killed/injured. Include cause of death, i.e., head injury, OPNAVINST 5102.1C crushed chest, internal injury, etc. For lost time injuries, identify the cause, i.e., head injury, crushed chest, internal injury, fractured arm/leg, etc.

B. PMV MISHAP: For each DOD passenger, pedestrian, or bicyclist involved in a PMV mishap, indicate fatality, days hospitalized, and total lost workdays (actual or estimate).

Indicate permanent partial disability or permanent total disability, if applicable. Provide information for Non-DOD personnel killed or injured if mishap occurred on board a Naval installation. Indicate the vehicle involvement (GMV/PMV) for each person killed or injured. Include cause of death, i.e., head injury, crushed chest, internal injury, etc. For lost time injuries, identify the cause, i.e., head injury, crushed chest, internal injury, fractured arm/leg, etc.

17. FOR EACH DOD PASSENGER KILLED OR INJURED, INDICATE SAFETY DEVICES USED (Safety belt, helmet, boots, long-sleeved jacket, etc. For each DOD pedestrian or bicyclist killed or injured, indicate if clothing light or dark, reflective vest/tape used, if carrying light, etc. (For GMV passengers - if a personal injury results from the non-use or malfunction of a Navy motor vehicle safety belt, explain why safety belts were not used by the injured person, or in cases of malfunction, what caused the malfunction, and what remedial actions have been taken to prevent recurrence.)

18. INDICATE DOD PROPERTY DAMAGE (GMV, and other property. Cost to repair or replace, DOD man-hours to repair. (If costs are unknown, give estimate.)

19. INDICATE COST OF NON-DOD PROPERTY DAMAGE WHEN CAUSED BY GMV MISHAP

20. PROVIDE A BRIEF NARRATIVE OF THE MISHAP INCLUDING THE MAJOR CAUSE (Provide any additional information for clarification if considered necessary.)//

(R

e. No-Lost Time Case. A non-fatal traumatic injury or occupational illness/disease that does not meet the definition of Lost Time Case.

R) f. First Aid Case. A first aid case is a specific type of no-lost time case which meets one of the following criteria:

(1) A non-fatal traumatic injury or occupational illness/disease that requires one or more visits to a medical facility for examination or treatment during on-duty hours and no medical expense is incurred as long as no leave or continuation of pay (COP) is charged to the employee.

(2) A non-fatal traumatic injury or occupational illness/disease that requires two or more visits to a medical facility for examination or treatment during non-duty hours as long as no leave or COP is charged and no medical expense is incurred.

111. MATERIAL (PROPERTY) DAMAGE. Damage of facilities, equipment, or material (property) to which a dollar expenditure would accrue to repair or replace. Malfunction or failure of component parts that are normally subject to wear and tear and have a fixed useful life less than the complete system or unit of equipment (OPNAVINST 4790.4B (NOTAL)) are not reported. However, when malfunction or failure of a component results in reportable damage to another component or the entire system, procedures for reporting such damage are contained in Chapter 4.

A) 112. MISHAP SEVERITY CLASSIFICATION. DOD mishaps are classified according to the severity of resulting injury, occupational illness, or property damage. Property damage severity is generally expressed in terms of cost and is calculated as the sum of the costs associated with DOD property and non-DOD property that is damaged in a DOD mishap. Additionally, if injury or occupational illness results, an event is reportable even if the associated costs are less than the minimum dollar criteria. Classify DOD mishaps, as follows:

A) a. Class A Mishap. The resulting total cost of reportable damage is \$1,000,000 or more or an injury and/or occupational illness results in a fatality or permanent total disability.

A) b. Class B Mishap. The resulting total cost of reportable property damage is \$200,000 or more, but less

than \$1,000,000; an injury and/or occupational illness results in permanent partial disability; or when five or more personnel are inpatient hospitalized.

c. Class C Mishap. The resulting total cost of property damage is \$10,000 or more, but less than \$200,000; a nonfatal injury that causes any loss of time from work beyond the day or shift on which it occurred; or a nonfatal illness or disability that causes loss of time from work or disability at any time. (A)

d. Class D Mishap. The resulting total cost of property damage is less than \$10,000, or a nonfatal injury that does not meet the criteria of a Class C mishap. (A)

ADMINISTRATIVE MESSAGE

ROUTINE

R 071447Z NOV 91 ZYB PSN 565976138

FM NAVSAFECEN NORFOLK VA//30/054//

TO NAVSAFE EAST

NAVSAFE WEST

ACCT NA-CRAXDA

UNCLAS //N05100//

SUBJ: CLARIFICATION OF CHANGE 2-2 TO OPNAVINST 5102.1C MISHAP INVESTIGATION AND REPORTING
MSGID/GENADMIN/NAVSAFECEN//
REF/A/GENADMIN/NAVSAFECEN/041448Z OCT 91//
REF/B/DOC/CNO WASHINGTON DC/03MAR89//
REF/C/DOC/CNO WASHINGTON DC/31AUG83//
NARR/REF B IS OPNAVINST 5102.1C. REF C IS OPNAVINST 5100.23B.//
RMKS/1. REF A PROMULGATED SEVERAL CHANGES TO REF B EFFECTIVE 1 OCT 91.

2. AS A RESULT OF NUMEROUS QUESTIONS ON REF A. THE FOLLOWING INFORMATION IS PROVIDED FOR CLARIFICATION:

A. REF A CHANGED THE REQUIREMENT FOR REPORTING LOST WORKDAY MISHAPS TO NAVSAFECEN. ONLY MISHAPS RESULTING IN 5 OR MORE LOST WORKDAYS ARE NOW REQUIRED TO BE REPORTED TO NAVSAFECEN IN PID FORMAT. THIS CHANGE APPLIES ONLY TO LOST WORKDAY CASES; NOT INVESTIGATION, RECORDKEEPING AND CASE REVIEW.

B. IN ADDITION, REFER TO REF B, CHAPTER 3, PARAGRAPH 301A(3) THROUGH 301A(6) FOR EXCEPTIONS TO THE FIVE LOST WORKDAY REPORTING REQUIREMENTS. ALL CASES OF ELECTRIC SHOCK AS A RESULT OF EQUIPMENT DESIGN DEFICIENCY, ALL CHEMICAL OR TOXIC EXPOSURES, ALL OXYGEN DEFICIENCY AND ALL TERMINATION OF TRAINING MISHAPS ARE STILL REQUIRED TO BE REPORTED TO NAVSAFECEN.

C. THE CHANGE IN REPORTABLE LOST WORKDAY CASES DOES NOT AFFECT THE RECORDING OF INJURIES AND ILLNESSES IN REF B, CHAPTER 7, PARA 701. ALL OCCUPATIONAL LOST WORKDAY INJURIES AND ILLNESSES MUST STILL BE RECORDED ON THE LOG OF NAVY INJURIES AND OCCUPATIONAL ILLNESSES.

D. REFER TO REF B, CHAPTER 7, PARA 701E: REF A CHANGED THE FORMULA FOR CALCULATING THE INJURY AND ILLNESS FREQUENCY RATE. ALTHOUGH FIRST AID CASES MUST BE RECORDED IN THE LOG OF NAVY INJURIES AND ILLNESSES AND SUMMARIZED ON THE QUARTERLY REPORT OF NAVY CIVILIAN OCCUPATIONAL INJURIES AND ILLNESSES, THEY ARE NO LONGER COUNTED WHEN CALCULATING THE FREQUENCY RATE FOR TOTAL CASES.

3. CHANGES TO REF B DO NOT CHANGE THE REQUIREMENT IN REF C, CHAPTER 16 PARAGRAPH 16007D. COMMANDING OFFICERS MUST STILL REVIEW ALL MISHAPS WITH THREE OR MORE LOST WORKDAYS WITH THE

(2) PARAGRAPH 601B SEVENTH AND EIGHTH LINES: DELETE
"OR TELEPHONE"

C. APPENDIX A, PAGE A-4

(1) PARAGRAPH ECHO 2, SECOND LINE: DELETE "END
OF
MESSAGE."

(2) ADD PARAGRAPH FOXTROT:

FOXTROT: 72-HOUR PREMISHAP PROFILE. FOR EACH
CLASS

A OR B OFF-DUTY MILITARY INJURY OR DEATH, IF THE INJURED OR DEAD
PERSON HAD INFLUENCE ON THE OCCURRENCE OR OUTCOME OF THE MISHAP
(WAS NOT A PASSIVE VICTIM). INCLUDE FOR THAT INDIVIDUAL:

(1) LEAVE OR LIBERTY STATUS. INCLUDE TRAVEL
COMPLETED IN THE 72 HOURS IMMEDIATELY PRECEDING THE MISHAP.

(2) TYPE OF WORK PERFORMED AND WORK SCHEDULE
(HOURS) FOR THE 72 HOURS IMMEDIATELY PRECEDING THE MISHAP.

(3) PERIODS OF REST AND SLEEP FOR THE 72 HOURS
IMMEDIATELY PRECEDING THE MISHAP.

(4) MEDICATIONS PRESCRIBED.

(5) ALCOHOL AND OTHER DRUGS (PRESCRIPTION,
NONPRESCRIPTION AND ILLEGAL) TAKEN DURING THE 72 HOURS
IMMEDIATELY PRECEDING THE MISHAP.

(6) GENERAL PHYSICAL CONDITION, INCLUDING
ILLNESSES.

(7) INDIVIDUAL'S MENTAL, EMOTIONAL AND PHYSICAL
STATE INCLUDING PERCEIVED STRESS AND BEHAVIOR CHANGES (BASED ON
SUPERVISOR, NEXT-OF-KIN (IF AVAILABLE), CO-WORKERS AND FRIENDS).

(8) OTHER COMMENTS THE SUPERVISOR, NEXT-OF-KIN,
CO-WORKERS AND FRIENDS WISH TO MAKE RELATED TO THE INDIVIDUAL'S
CONDITION OR PREMISHAP ACTIVITIES.

(9) OTHER FACTORS PRIOR TO THE MISHAP THAT COULD
HAVE EFFECTED THE MISHAP OCCURRENCE OR ITS OUTCOME.

UNCLASSIFIED
UNCLASSIFIED

(10) NON-JUDICIAL PUNISHMENT (NJP)/UNIFORM CODE
OF MILITARY JUSTICE (UCMJ) RECORD (MILITARY ONLY) OR ANY OTHER

BEHAVIOR INFRACTIONS FOR THE PAST 3 YEARS.

D. APPENDIX C, PAGE C-3, ADD PARAGRAPH 21:

21. 72-HOUR PROFILE. FOR EACH MOTOR VEHICLE MISHAP INVOLVING A CLASS A OR B INJURY OR DEATH, INCLUDE A 72-HOUR PREMISHAP PROFILE ON THE INJURED OR DEAD PERSON IF THAT INDIVIDUAL HAD AN INFLUENCE ON THE MISHAP OCCURRENCE OR OUTCOME (NOT A PASSIVE VICTIM). IF THE PERSON INJURED OR KILLED WAS A PASSENGER, PROVIDE THE 72-HOUR PREMISHAP PROFILE ON THE DRIVER(S) IF MILITARY OR ON-DUTY CIVILIAN. THE 72-HOUR PROFILE INCLUDES:

A. ON-DUTY, LEAVE OR LIBERTY STATUS. INCLUDE TRAVEL COMPLETED DURING THE 72 HOURS IMMEDIATELY PRECEDING THE MISHAP.

B. TYPE OF WORK PERFORMED AND WORK SCHEDULE (HOURS) FOR THE 72 HOURS IMMEDIATELY PRECEDING THE MISHAP.

C. PERIODS OF REST AND SLEEP FOR 72 HOURS IMMEDIATELY PRECEDING THE MISHAP.

D. MEDICATIONS PRESCRIBED.

E. ALCOHOL AND OTHER DRUGS (PRESCRIPTION, NONPRESCRIPTION AND ILLEGAL) TAKEN DURING THE 72 HOURS IMMEDIATELY PRECEDING THE MISHAP.

F. GENERAL PHYSICAL CONDITION, INCLUDING ILLNESSES.

G. INDIVIDUAL'S MENTAL, EMOTIONAL AND PHYSICAL STATE INCLUDING PERCEIVED STRESS AND BEHAVIOR CHANGES (BASED ON SUPERVISOR, NEXT-OF-KIN (IF AVAILABLE), CO-WORKERS AND FRIENDS).

H. OTHER COMMENTS THE SUPERVISOR, NEXT-OF-KIN, COWORKERS AND FRIENDS WISH TO MAKE RELATED TO THE INDIVIDUAL'S CONDITION OR PREMISHAP ACTIVITIES.

I. OTHER FACTORS PRIOR TO THE MISHAP THAT COULD HAVE EFFECTED THE MISHAP OCCURRENCE OR ITS OUTCOME.

J. OTHER.

UNCLASSIFIED
UNCLASSIFIED

(1) NJP/UCMJ RECORD (MILITARY ONLY) OR ANY OTHER BEHAVIOR INFRACTIONS FOR THE PAST 3 YEARS.

(2) PROVIDE THE DRIVER'S LICENSE NUMBER AND ISSUING STATE FOR ALL NAVY MILITARY PERSONNEL WHO ARE DRIVERS IN

A CLASS A OR B MISHAP. IF A CIVILIAN IS DRIVING THE MISHAP VEHICLE, SO STATE. (DO NOT PROVIDE THE CIVILIAN'S DRIVER'S LICENSE NUMBER.)

(3) DRIVER'S EXPERIENCE OR KNOWLEDGE OPERATING THIS PARTICULAR TYPE OF VEHICLE.

4. NAVSAFECEN RECEIVES MANY MISHAP REPORTS WITH CAUSE FACTORS AND RELATED FACTORS LISTED AS "UNKNOWN". WE NEED COMPLETE MISHAP INFORMATION IF WE ARE TO IDENTIFY THE ROOT CAUSES AND REDUCE THE NUMBER OF MISHAPS. HENCEFORTH, WE WILL RETURN FOR FURTHER INVESTIGATION ANY MISHAP REPORT REQUIRED BY REF A WHICH CONTAIN "UNKNOWN" OR "NOT KNOWN" OR SIMILAR RESPONSES AND LACK FURTHER EXPLANATION AS TO WHY THE INFORMATION IS UNAVAILABLE. A SOLID INVESTIGATIVE EFFORT MUST BE UNDERTAKEN IF WE ARE TO OVERCOME THE NUMBER ONE KILLER OF OUR PEOPLE. OUR PAST EFFORTS HAVE BEEN INADEQUATE

5. FOR FURTHER INFORMATION ON MOTOR VEHICLE MISHAP REPORTING CALL DSN 564-3344 OR COML (804) 444-3344; FOR FURTHER INFORMATION ON OFF-DUTY MISHAP REPORTING CALL DSN 564-5748 OR COML (804) 4445748.//

BT

#0311

NNNN

UNCLASSIFIED

RUWFAES/COMCARGRU ONE
RUHPPRO/COMPHIBRON ELEVEN
RUHPEL/COMPHIBRON ONE
RUHPTAR/COMPHIBRON THREE
RUHPESX/COMPHIBRON FIVE
RUHPBXR/COMPHIBRON SEVEN
UWFBY/FLTILOACT SAN DIEGO CA
JWDXFS/RSO SAN DIEGO CA

BT

UNCLAS //N05530//

MSGID/GENADMIN/COMNAVSURFPAC/N00J//

SUBJ/SERIOUS INCIDENT REPORTING//

PAGE 03 RUEDMCA8070 UNCLAS

REF/A/GENADMIN/USCINCPAC HONOLULU HI/180109ZDEC97/NOTAL//

REF/B/GENADMIN/CINCPACFLT PEARL HARBOR HI/240229ZDEC97/NOTAL//

NARR/REF A IS USCINCPAC MSG REQUIRING SERIOUS INCIDENT REPORTING. REF B IS CINCPACFLT DIRECTION TO TYCOMS AND COMNAVBASES FOR REPORTING.//

POC/J. COOPER/CWO3/CNSP N4198/-/TEL:DSN 577-2969//

RMKS/1. REFS A AND B REQUIRE COMNAVSURFPAC TO SUBMIT QUARTERLY SERIOUS INCIDENT REPORT DATA TO CINCPACFLT. AN INCIDENT FOR THIS REPORT IS DEFINED AS REFERRAL OF CHARGES TO COURT-MARTIAL OR CHARGES FILED IN STATE, FEDERAL, OR FOREIGN COURT. NO ACTUAL CONVICTION IS NEEDED TO TRIGGER REPORTING REQUIREMENT. DO NOT REPORT NJP. NO FOLLOW-ON REPORTING FOR DISPOSITION OF CHARGES IS REQUIRED.

FORMAT FOLLOWS IN PARAGRAPH 3. DATA IS REQUIRED FOR SERVICE MEMBERS (SM) ONLY; DO NOT REPORT INCIDENTS WHERE THE DEPENDENT IS THE PERSON CHARGED, NOR FOR CIVILIAN EMPLOYEES.

2. REQUEST ISICS CONSOLIDATE REPORTS FOR SUBORDINATE COMMANDS AND ALL ADDEES RESPOND VIA MESSAGE TO CNSP (N4198) INFO CNSP (N00J) NLT

8 APRIL 98.

3. FORMAT FOR REPORT IS:

A. ISIC/COMMAND NAME

B. REPORT PERIOD: 2ND QTR FY98

PAGE 04 RUEDMCA8070 UNCLAS

C. AVG END STRENGTH

(NOTE: USE AVERAGE OF THREE END-OF-MONTH END STRENGTHS)

D. POC NAME, PHONE, FAX

	JAN	FEB	MAR	TOTAL
--	-----	-----	-----	-------

E. SM CHARGED WITH MURDER

F. SM CHARGED WITH RAPE

G. SM CHARGED WITH AGGRAVATED ASSAULT

H. SM CHARGED WITH SEXUAL ASSAULT

I. SM CHARGED WITH ABUSE OR NEGLECT

J. SM CHARGED WITH DUI/DWI

K. SM DIES (NOT DUTY OR TRAINING

RELATED)

L. SM TAKES OWN LIFE

(FOR ITEMS E THRU L, INDICATE NUMBER OF INCIDENTS PER MONTH FOR JAN/FEB/MAR AS NOTED)

4. NEGATIVE REPORTS REQUIRED.//

BT

#8070

NNNN

RTD:000-000/COPIES:

Author: COMNAVSURFPAC SAN DIEGO CA//N41/N4198//

Date: 4/1/98 7:23 AM

Priority: Normal

TO: N00 (EODN00)

TO: EODN00A

TO: EODN00C

TO: N01 (EODN01)

TO: EODN01D

TO: EODN01R

TO: EODN1

TO: EODN11

TO: EODN11A

TO: EODN11B

TO: EODN3

TO: EODN301

TO: EODN311

TO: EODN32

TO: EODN321

TO: N41 (EODN41)

TO: EODN411

TO: EODN411A

TO: EODN411B

TO: EODN43

TO: EODN431

TO: EODN431A

TO: EODN431B

TO: EODN52

TO: EODN522

TO: EODN6

TO: EODN7

TO: EODN71

TO: EODN72

TO: EODN811

TO: EODN821

TO: EODN822

TO: VSW

Subject: P 312057Z-MAR-98 SERIOUS INCIDENT REPORTING//

----- Message Contents -----

PATUZYUW RUEDMCA8070 0910229-UUUU--RUWFIFY.

ZNR UUUUU ZUI RUWDEAA9886 0902057

P 312057Z MAR 98 ZYB PSN 103740Q15

FM COMNAVSURFPAC SAN DIEGO CA//N41/N4198//

TO RHWIDIC/COMNAVSURFGRU PACNORWEST

RUHEMDQ/COMNAVSURFGRU MIDPAC

RUHPZAE/COMCRUDESGRU ONE

RUHPCDT/COMCRUDESGRU THREE

RUHPCCG/COMCRUDESGRU FIVE

RUHPPSA/COMCARGRU THREE

RUHPFTP/COMCARGRU FIVE

RUHPCGS/COMCARGRU SEVEN

RUHBVMA/COMPHIBGRU ONE

RUWDXBY/COMPHIBGRU THREE

RUWNAXL/COMDESRON ONE

RUHEMDP/COMDESRON FIVE

RHOAJPG/COMDESRON SEVEN

RUWDXFS/COMDESRON SEVEN

RHWIDIM/COMDESRON NINE

RUHPPPH/COMDESRON FIFTEEN

RUHPABE/COMDESRON TWO ONE

RUHPCVV/COMDESRON TWO THREE

PAGE 02 RUEDMCA8070 UNCLAS

RUHEYIY/COMDESRON THREE ONE

RUWFAGC/COMTACGRU ONE

RUWFAFS/COMNAVBEACHGRU ONE

RUWFIFY/COMEODGRU ONE

RUWDXCW/SOUTHWEST RMC SAN DIEGO CA

RUWDXBB/SIMA SAN DIEGO CA

RUSICWP/COMLOG WESTPAC

RUHPCRO/COMCARGRU ONE

Author: EODMU THREE
Date: 3/30/98 7:07 AM
Priority: Normal

TO: EODN6
TO: EODN301
TO: N01 (EODN01)
TO: EODN00A
TO: EODN00C
TO: EODN01D
TO: EODN01R
TO: EODN1
TO: EODN11A
TO: EODN11B
TO: EODN3
TO: EODN311
TO: EODN72
TO: EODN32
TO: EODN52
TO: N41 (EODN41)
TO: EODN411
TO: EODN411A
TO: EODN43
TO: EODN431
TO: EODN431A
TO: EODN431B
TO: EODN811
TO: EODN7
TO: EODN822
TO: N00 (EODN00)
TO: VSW
TO: EODN71
TO: EODN821
TO: EODN321

Subject: P 261601Z-MAR-98 CASUALTY REPORT ICO EN3 LEONID

----- Message Contents -----

PTTUZYUW RUHPSGG1365 0851601-UUUU--RUWFAFY.

ZNR UUUUU

P 261601Z MAR 98 ZYB PSN 067576Q31

FM EODMU THREE

TO RUEACNP/CHNAVPERS WASHINGTON DC//621//

INFO RUENMED/BUMED WASHINGTON DC//JJJ//

RUCOPAW/COMNAVSAFECEN NORFOLK VA//JJJ//

RHHMHAH/CINCPACFLT PEARL HARBOR HI//JJJ//

RUWDEAA/COMNAVSURFPAC SAN DIEGO CA//JJJ//

RUWFAFY/COMEODGRU ONE//JJJ//

RULSADO/NAVY JAG ALEXANDRIA VA//JJJ//

RULSGLK/MEDDEN AFFAIRS GREAT LAKES IL//JJJ//

RHERAAA/AMCROSS WASHINGTON DC//JJJ//

BT

UNCLAS //N06320//

MSGID/GENADMIN/EODMU THREE//

SUBJ/CASUALTY REPORT ICO EN3 LEONIDES BARRERA, USN, 458-95-7997//

REF/A/DOC/CNP/910815//

AMPN/REF A MILPERSMAN ART 4210100.//

POC/BROWN, C/CWO2/EODMU THREE/NAB CORONADO/TEL:619-437-3877//

RMKS/1. THE FOLLOWING INFORMATION IS PROVIDED PER REF A:

A. EN3 LEONIDES BARRERA, USN, 458-95-7997.

PAGE 02 RUHPSGG1365 UNCLAS

B. ACTIVE DUTY, CWO2 C. BROWN, 619-437-3877, 55447, EODMU THREE.

C. INJURY (CODE 805.04) DIAGNOSIS ICD-9, NON-HOSTILE.

D. 21MAR98, 0145, SAN DIEGO COUNTY CHULA VISTA CA, MULTIPLE

VEHICLE, SNM WAS DRIVER OF A PARKED 1990, HONDA, ACCORD WITH A

CIVILIAN FEMALE PASSENGER. THE SECOND DRIVER WAS (AN ACDU GSM2

LIVING A 1992 FORD, THUNDERBIRD) CHARGED WITH FELONY DUI AND DRIVING

WITH AN EXPIRED LICENSE.

E. CONDITION SERIOUSLY INJURED, STABLE, GOOD, MEDICAL OFFICER HAS

DETERMINED THAT CONDITION WARRANTS THE PRESENCE OF THE NEXT OF KIN.

F. PRIMARY NOK - RAYMOND H. CENA (FATHER) AND SYLVIA A. CENA

(MOTHER) BOTH OF 8018 TAVENOR LANE, HOUSTON, TX (713) 991-5310. NOK

PRESENT AT HOSPITAL.

G. (3)YES. MOTHER AND FATHER.

H. MERCY HOSPITAL, DR. SIMON, (619)260-7011.

I. RECORDS LOCATED AT PARENT COMMAND EODMU THREE, SAN DIEGO, CA.

K. EODMU THREE.

//

NT

365

NNNN

RTD:000-000/COPIES:

Fenton, William LCDR (EOD N01)

From: EOD.MDS
Sent: Thursday, September 09, 1999 6:14 PM
To: DLEODTEUONE - All Users; Fenton, William LCDR (EOD N01); Dietz, William BMC (EOD N32A)
Subject: [D] USN ENLISTED RELEASE FROM HOSPITALIZATION//
Importance: High
MDSClass: Unclassified
MDSDTG: 081800Z SEP99
MDSFrom: NAVMEDCEN SAN DIEGO CA//BUA//
MDSPrec: Routine



AuditTr.TXT

ADMINISTRATIVE MESSAGE

ROUTINE

R 081800Z SEP 99 ZYB PSN 380415F21

FM NAVMEDCEN SAN DIEGO CA//BUA//

TO EODTEU ONE SAN DIEGO CA
USS ELLIOT
USS JOHN C STENNIS
COMNAVSURFPAC SAN DIEGO CA
COMDESRON TWO ONE
RSO SAN DIEGO CA
COMNAVAIRPAC SAN DIEGO CA
COMCRUDESGRU ONE

INFO PERSUPP DET NAVSTA SAN DIEGO CA
PERSUPP DET PT LOMA SAN DIEGO CA

UNCLAS//N06320//

MSGID/GENADMIN/NAVMEDCEN SDIEGO CA//

SUBJ/USN ENLISTED RELEASE FROM HOSPITALIZATION//
POC/PATIENT SUPPORT/(619)532-8319/DSN 522-8319//

RMKS/1. THE FOLLOWING PERSONNEL RELEASED FROM THIS MTF:

RATE	NAME	SSN	CMD	REL DATE	DEST	CONVL
SKC	FUCLES,V.	562319980	EODTEU1	04SEP/1332	CMD/CTR	0 DAYS REC
AC2	ROSETTE,B.	460257202	CVN74	02SEP/1500	ABSENTIA	0 DAYS REC
ENSN	SALDANA,M.	466590949	DD967	03SEP/1400	ABSENTIA	0 DAYS REC
DKN	PERKINS,J.	231194634	PSD	07SEP/0910	CMD/CTR	42 DAYS REC

2. NO RESPONSE REQUIRED.//

BT
NNNN
RTD:000-000/COPIES: